

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

The Importance of Fair and Consistent Employee Sanctions

In any organization, maintaining a harmonious work environment is pivotal to productivity and morale. However, navigating employee misconduct can be a challenging tightrope walk. When infractions occur, the response must be calibrated, fair, and reflective of the severity of the behavior while also considering the employee's history, intent, and circumstances.

Fair sanctions for employee misconduct are essential for several reasons. First and foremost, they serve as a deterrent, signaling that certain behaviors are unacceptable and outlining the consequences. This not only protects the organization but also sets clear boundaries for employees, fostering a culture of accountability.

Moreover, fair sanctions reinforce the concept of justice within the workplace. When handled equitably, they instill confidence in the workforce that every individual is held to the same standards and that biases or favoritism do not sway disciplinary actions. This perception of fairness is crucial in maintaining trust and loyalty among employees, ensuring they feel valued and respected.

However, achieving fairness in sanctions is a delicate balance. On one hand, leniency might risk undermining the seriousness of the misconduct and set a detrimental precedent. On the other hand, overly severe punishments can lead to demotivation, resentment, and a culture of fear rather than respect.

An effective approach to fair sanctions involves several key elements:

- 1. Consistency and Transparency:** Clear policies and procedures outlining unacceptable behavior and corresponding sanctions must be in place. These guidelines should be communicated and easily accessible to all employees. Consistency in enforcing these rules across the board helps eliminate perceptions of bias.

Newsletter Content

[The Importance of Fair and Consistent Employee Sanctions](#)

[It's Your Call](#)

[Mitigating Risks: Strategies for Managing Chemical Exposure in Medical and Dental Offices](#)

[Combatting Measles: Information and Training Measures for Healthcare Personnel](#)

2. Investigation and Due Process: Before imposing sanctions, a thorough investigation should take place. Providing the accused with an opportunity to present their side of the story ensures fairness. Rushing to judgment without considering all perspectives can lead to unjust sanctions.

3. Proportionality: The severity of the sanction should match the severity of the misconduct. Minor infractions might warrant counseling or warnings, while egregious behavior may necessitate more severe actions like suspension or termination.

4. Rehabilitation and Improvement: Instead of solely punitive measures, efforts should be made to help the employees understand the impact of their actions and provide avenues for improvement. Training, counseling, or probationary periods can aid in rehabilitation and prevent recurrence.

5. Appeal Process: Having a fair and transparent appeals process allows employees to challenge the imposed sanctions if they believe the decision was unjust or biased. This further ensures that decisions are fair and free from errors.

By integrating these elements into the disciplinary process, organizations can navigate the complex terrain of fair sanctions for employee misconduct. It's crucial to recognize that fairness doesn't imply leniency but rather an impartial, objective, and considerate approach toward maintaining discipline and justice within the workplace.

Fair sanctions for employee misconduct are indispensable in fostering a healthy work environment. They serve as a deterrent and contribute to the overall well-being of the organization. Striking the balance between accountability and fairness ensures that while consequences are imposed for inappropriate actions, they are done so in a manner that is just and promotes positive behavioral change.

It's Your Call

OSHA: We have an employee out with COVID-19. What is the current timeline for healthcare workers to return to work?

The CDC guidance says that employees experiencing a mild to moderate case of COVID-19 who are not moderately to severely immunocompromised may return to work after 7 days have passed since symptoms first occurred (day 0), and COVID-19 testing is performed. If a NAAT (PCR) test is negative on day 5, then they can return to work on day 7. If an antigen test (home tests are an example) is negative on day 5, then repeat the test 48 hours later. If both tests are negative, the employee can return to work.

If either test is positive on day 5 or 7, or if a test was not performed, they can return to work on day 10. Employees must be fever free for 24 hours without the use of a fever reducer and their symptoms must be improved. Additional guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

Policies should be updated and reviewed with staff as needed. TMC clients with portal access have the Pandemic Preparedness Plan available as a resource.

HIPAA: Are Sanctions Policies a HIPAA requirement?

Yes, under both the privacy AND security rule, it is a requirement. According to HHS:

“Regulated entities are responsible for protecting the privacy and security of protected health information (PHI) by training their workforce, adopting written policies and procedures, and sanctioning workforce members who violate those policies and procedures. Sanction policies are specifically required by both the Privacy Rule and the Security Rule:

The Privacy Rule requires covered entities to “have and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity or the requirements of [the Privacy Rule] or [the Breach Notification Rule] of this part.”

The Security Rule requires covered entities and business associates to: “[a]pply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity or business associate.”

Mitigating Risks: Strategies for Managing Chemical Exposure in Medical and Dental Offices

Chemical exposure in medical and dental offices has the potential to create significant risks to both patients and employees. Implementation of preventative measures and adherence to safety protocols are two important keys in addressing issues created by and managing chemical exposure. Healthcare employees interact with a variety of chemicals daily, including disinfectants and cleaning agents. When working with these substances over a period of time, there is a risk of adverse health effects that can range from skin irritation to respiratory problems.

Awareness and education can help with preventing chemical exposure. Medical and dental offices must provide comprehensive training to staff on the proper handling, storage, and disposal of chemicals. Training must include understanding the likely hazards associated with each substance worked with and appropriate personal protective equipment to use when necessary.

Risk assessments must be regularly conducted. This will help with identifying potential sources of chemical exposure. A risk assessment should include evaluating the types of chemicals used within the office, assessing standard work processes, and identifying the areas within the facility where a chemical exposure is more likely to occur. The findings from the risk assessment can give an office guidance on how to create a safer work environment for their employees and patients. The implementation of safer chemical alternatives can result in a reduction of hazardous substances, subsequently lowering the risk to both employees and patients.

A key to reducing the risks associated with airborne chemical exposure in medical and dental settings is the use of proper ventilation systems. When adequate ventilation systems are used, it helps to control the dispersion of fumes, thus ensuring a safer space for all. Additionally, having a designated area for chemical storage and handling can contribute to a lowered risk of exposure.

Having an effective hazard communication policy is critical to preventing chemical exposure incidents. Hazard communication training needs to be prioritized and regularly repeated, chemical containers are to be clearly labeled, and safety data sheets must be quickly and easily accessible to all employees to create a safer working environment. In the event of a chemical spill, employees must be knowledgeable about emergency response procedures. If medical attention is needed, employees must also know the protocol in seeking that necessary information.

A multifaceted approach is essential when managing chemical exposures in healthcare. It must involve education, risk assessments, and engineering controls. By prioritizing safety protocols, medical and dental offices can create a healthier environment for both patients and the dedicated employees who serve them.

If your office needs assistance with any of the aspects discussed, Total Medical Compliance has a team of compliance professionals ready and willing to assist you and your staff with creating a safer, more compliant work environment. Reach out to our team today!

[Combatting Measles: Information and Training Measures for Healthcare Personnel](#)

According to the World Health Organization (WHO) and the Centers for Disease Control (CDC), measles cases are on the rise. As of January 25th, the CDC reports nine measles cases in the U.S. so far this year. Cases have been reported in Georgia, Missouri, New Jersey, and Pennsylvania. Additionally, several other countries have reported measles outbreaks; the top five countries with the most cases are Yemen, Azerbaijan, India, Ethiopia, and Kazakhstan. There are 67,741 reported cases in these countries alone. With these statistics, it shows that measles can come to the U.S. from anywhere in the world.

Measles is a highly contagious and serious illness. Measles can be dangerous in babies and young children. Between one and three people out of 100 who become ill will die, even with treatment. Symptoms of the illness begin 7-14 days after initial exposure. Symptoms of measles include:

- High fever
- Cough
- Runny nose
- Red, watery eyes
- Rash (3-5 days after symptoms begin)

Measles is airborne and spreads when an infected person coughs or sneezes. Measles can survive in the air and infect someone for up to two hours after the infected person leaves the area. It is so contagious that if one person has it, 10 people around them can become infected if they are not protected. An infected person can spread measles to others before knowing they have the disease. This can occur up to 4 days before developing the rash and 4 days afterward.

Vaccination is the best way to prevent the spread of measles. The vaccine for measles also protects against the mumps and rubella. It is known as the MMR vaccine. Two doses of the vaccine are 97% effective at preventing measles. While one dose is 93% effective. The first dose should be given at age 12-15 months and second dose between 4-6 years of age.

Healthcare personnel (HCP) should have immunity against measles, mumps, and rubella. HCP born in 1957 or later without serologic evidence of immunity or prior vaccination should be given two doses of MMR vaccine, four weeks apart.

Birth before 1957 is considered acceptable evidence of measles immunity; however, it should be considered to administer two doses of the vaccine unless they have laboratory evidence of disease or immunity to measles and/or mumps.

Patients that are known or suspected to have measles should wear a facemask when they enter a healthcare facility. They should be told before entering a facility any instructions such as which entrance to use and how to notify the staff when they have arrived. Patients with suspected or confirmed measles should be placed in an airborne infection isolation room (AIIR). Once a patient is in the AIIR, their facemask can be removed if they stay in the room. If an AIIR is not available, transfer to a facility with an AIIR should be made as soon as possible.

Once the patient has been dismissed, disinfection procedures using an EPA registered hospital level disinfectant should be used. Manufacturer's instructions for use should be followed, including the contact time of the disinfectant. Used, disposable personal protective equipment for measles patients should be managed as regulated waste or as directed by state and local guidelines.

Training should be provided to all HCP on standard and transmission-based precautions, and prevention of the spread of measles and other airborne illnesses. HCP should be educated, trained, and demonstrate competency on the proper use of PPE in caring for patients with suspected or confirmed measles. Ensuring training takes place will provide a safer workplace for employees and in turn provide a safe patient environment. If your office needs training in proper procedures related to preventing the spread of airborne illnesses, TMC can help. Don't hesitate in [contacting us](#) and our trained professionals will be happy to assist.

For more information for Standard and airborne precautions:

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

For more information on prevention of measles in healthcare facilities:

<https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>

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Instructions

Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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